

Wellness Warriors

803-366-4792 ext. 241

Youth Athletic Skills Camp

Sponsorship Application

2016 Summer

PARENTS: COMPLETE THIS FORM AND SUBMIT IT TO THE CATAWBA INDIAN NATION WELLNESS PROGRAM. Application due date: Septemeber 2, 2016 by 5:00pm

Child's Name (First & Last)		
Child's Age:	Child's Gender:	Child's Date of Birth: / /
Street Address:		
City/State:	Zip:	Email:
Parent or Guardian Name:		Parent or Guardian Phone Number:
About the camp your child attended		
Name of Camp:	Phone Number of Camp:	
Location of Camp (City & State):		
Type of camp (ex. Football):	Length of Camp (in days):	
To receive reimbursement a legible copy of a paid receipt from the designated camp must be attached with this application		

Consent to exchange information I understand that information may be needed to verify eligibility for this program and to coordinate services with other agencies; therefore, I agree that agencies may share my child's information. I understand that this application does not guarantee reimbursement. I certify that the information supplied is true and correct and that the *Wellness Warriors* have my permission to verify the information on this application.

Signature of Parent/Guardian: _____

Date: _____

For Office Use Only	
Date application was received:	Name of Verifying Official:
Notes:	